

Internal Use

State ID _____

County _____

Entry Date _____

Dead Bird Reporting

Internal Use WADDL Log Information

Client

Washington State Department of Health
Office of Environmental Health & Safety
PO Box 47825
Olympia, WA 98504-7825

Submitter

Refer to Submitting Agency below

Case Number (place case number label here)

Submitter Please Complete This Section

Collection Location

Location Name _____

Physical Address _____

Address 2 _____

City/State _____

County _____

Zip Code _____

GPS Coordinate

Latitude (i.e., 47.198062) _____

Longitude (i.e., -122.386037) _____

(Please report your GPS coordinate in decimal degrees with a minimum of six decimal places.)

Location Description _____

Collection Date ____/____/____

Species of Bird Collected _____

Trauma Associated ☐ Unsure ☐ Yes ☐ No

FedEx Airbill # _____

Local ID _____

Submitting Agency

Name _____

Address _____

City/State/Zip _____

Contact Person _____

Phone _____

Fax _____

Email _____

Person Reporting Dead Bird(s)

Date of initial report ____/____/____

Name _____

Phone _____

Date dead bird(s) found or seen ____/____/____

Number of bird(s) seen _____

Species of bird(s) _____

Comments _____

Submit Specimen For Testing To

Please submit specimen to:

Washington Animal Disease Diagnostic Laboratory
PO Box 2037 College Station/ Bustad Hall Room 155-N
Pullman, WA 99165-2037
Diagnostic Specimens – Wildlife
(509) 335-9696

Only submit specimens that have been dead for less than 48 hours. Complete a reporting form for each specimen submitted. Additional questions contact Tom Gibbs of Washington State Department of Health at (360) 236-3060 or tom.gibbs@doh.wa.gov

Test Information

Date Received for Testing ____/____/____

Date Tested ____/____/____

Specimen Type ☐ Blood ☐ Brain ☐ Tissue
☐ History ☐ Other _____

Test Method ☐ WNV Isolate ☐ Other _____

WNV Status ☐ Confirmed ☐ Probable ☐ Suspect
☐ Pending ☐ Negative ☐ Unsure

Results Value _____

Results Abnormal ☐ Yes ☐ No ☐ Unsure ☐ Pending

Lab Case Number _____

Testing Lab (other than Washington Animal Disease Diagnostic Laboratory)

Name _____

Address _____

City/State/Zip _____

Contact Person _____

Phone _____

Fax _____

Email _____

Comment _____
